## An evaluation of partnerships throughout the District

| Evaluator Name: <u> </u>                                       | Carina Reggina   | Role: Grant Coordinator/Teacher         |                          |  |  |  |
|--|--|---|--------------------------|--|--|--|
| General Information  |  |   |                          |  |  |  |
| Grant Name   | Smart Scholars-Cohort 3  | Contract Amount                         | \$24,600                 |  |  |  |
| Partner/Partner  | Empowering Creative Minds, LLC   | Date of Service(s)                      | 9/1/2023-6/26/2024       |  |  |  |
| School Site(s)   | Roosevelt High School Early College  | Studies                                 |                          |  |  |  |
| o YES (if y  | ee quotes for vendor services?<br>es, please list vendors below)<br>o, please explain)   |   |                          |  |  |  |
| Empowering Creative Minds, LLC                                 | Des this vendor/partnership align to<br>(MWBE Vendor) developed Smart Scholars Instructional Leaders<br>om as well as further align classroom instruction and professional   | with the goal to Refine the approach to | teaching                 |  |  |  |
|  | fessional Learning Community Model server  |   |                          |  |  |  |
|  | ege Smart Scholars are college and career  |   | oign rigorous coursework |  |  |  |
| o To provi<br>o To help<br>o To conn<br>o To help<br>o To supp | de programmatic support to the school de tutoring or instructional support to assess current practices.  ect the schools with other resources to develop curriculum and activities ort mental and emotional health | s.                                      | ol or classroom.         |  |  |  |
| √ YES  | Fied goal(s) and objectives reached?<br>o, please explain)   |   |                          |  |  |  |
| Explain:   |  |   |                          |  |  |  |
| YES  | deliver on the expected agreement  | t and outcomes?                         |                          |  |  |  |
| Explain:   |  |   |                          |  |  |  |

| 6.  | Did this partner supply appropriate materials and supplies necessary to accomplish goals and outcomes?           |
|-----|--|
|     | o NO (if no, please explain)   |
|     | o N/A  |
| Exp | plain:   |
| 7.  | Did this partner provide adequate feedback and support?  YES  NO (if no, please explain)  N/A                    |
| Exp | plain:   |
| 8.  | Please complete the Vendor/Partner Assessment Criteria scale below and rank this partner on the following areas: |

| Vendor/Partner Assessment Criteria                               |  |                                |                              |   |                         |
|--|--|--------------------------------|------------------------------|---|-------------------------|
| Criterion  | (1)<br>Ineffective                     | (2)<br>Somewhat<br>Ineffective | (3)<br>Somewhat<br>Effective | (4)<br>Effective                        | (5)<br>Highly Effective |
| Preparation:   |  |                                |                              |   | 5                       |
| Provides high-quality  |  |                                |                              |   |                         |
| services to meet goals   |  |                                |                              |   |                         |
| Competency:<br>Knowledge of craft                                |  |                                |                              |   | 5                       |
| Flexibility:   | ······································ |                                |                              |   | 5                       |
| Willingness to change  |  |                                |                              |   |                         |
| or compromise  |  |                                |                              |   |                         |
| Consistency:   |  |                                |                              |   | 5                       |
| Schedule & routine   |  |                                |                              | *************************************** | J                       |
| Organization:<br>Structured, orderly, &<br>efficient use of time |  |                                |                              |   | 5                       |
| management   |  |                                |                              |   |                         |
| Professionalism:   |  |                                |                              | *****                                   | 5                       |
| Interactions are cordial   |  |                                |                              |   |                         |
| & respectful   |  |                                |                              |   |                         |
| Overall Experience with partner                                  |  |                                |                              |   | 5                       |

9. Please indicate specifically how the vendor/partner impacted student achievement, leadership development or district operations. Note: Please provide documentation and evidence of impact of vendor/partner services.

| Empowering Creative Minds p    | provided numerous                       | PD sessions to Coll                     | ege Link teachers or | using data to drive                     | instruction,    |
|--------------------------------|---|---|----------------------|---|-----------------|
| accountable talk and utilizing | Al in the classroom                     | . Multiple leadership                   | coaching sessions v  | vere conducted to m                     | aximize the use |
| of common planning time and    | increase the know                       | ledge and efficiency                    | of teachers.         |   |                 |
|                                |   |   |                      |   |                 |
|                                |   |   |                      |   |                 |
|                                |   |   |                      |   |                 |
|                                |   |   |                      |   |                 |
|                                |   |   |                      |   |                 |
|                                |   |   |                      |   |                 |
|                                |   |   |                      |   |                 |
| 0. Use the space below         | to provide any                          | additional feed                         | back you think v     | vould be helpful                        | :               |
|                                |   |   |                      |   |                 |
|                                |   |   |                      |   |                 |
|                                |   |   |                      |   |                 |
|                                |   |   |                      |   |                 |
|                                | T 18                                    |   |                      | ~ I                                     | f t             |
| ignature of Evaluator_         | he A                                    | W                                       |                      | Date: 9/24                              | 194             |
|                                | <i></i>                                 |   | -                    |   |                 |
|                                |   |   |                      |   |                 |
|                                |   |   |                      |   |                 |
|                                | ****                                    | * FOR PEER REV                          | IEW ONLY ****        | <b>(</b>                                |                 |
|                                | Vend                                    | or/Partner Peer                         | Review Criteria      |   |                 |
|                                | (1)                                     | (2)                                     | (3)                  | (4)                                     | (5)             |
| Criterion                      | Ineffective                             | Somewhat                                | Somewhat             | Effective                               | Highly          |
| Impact:                        |   | Ineffective                             | Effective            |   | Effective       |
| Based on                       | *************************************** |   |                      |   |                 |
| artifacts/evidence/            |   |   |                      |   |                 |
| _                              |   |   |                      |   |                 |
| evaluation                     |   | *************************************** |                      |   |                 |
| <b>Overall Experience</b>      |   |   |                      | *************************************** |                 |
| with partner                   |   |   |                      | W.C.                                    |                 |
|                                | 1                                       |   | <b>{</b>             | l.                                      |                 |
| eer Reviewer                   |   |   | •                    | Date:                                   |                 |
| _                              |   |   |                      |   |                 |
| ignature of Peer Reviev        | wer                                     |   |                      | Date:                                   |                 |